Editorials

Preventing High-Risk Behavior

This issue of the Journal focuses on high-risk behaviors with surveys of run away adolescents and homosexual males; descriptions of the effects of passive smoking and frequent drinking; accounts of policy initiatives on smoking cessation and program initiatives on sexual practices. In fact, every issue of the Journal carries articles about high-risk behaviors. As we enter the 21st century, the work of public health is increasingly directed toward preventing "new morbidities"— the outcomes of sex, drugs, and violence.

Not only does everyone talk about high-risk behavior, everyone does it. Who among us has never driven without a seat-belt, never had sex without contraception, never overindulged in food or drink? We spend our professional lives trying to prevent other people from unhealthy practices and our private lives trying to diet, control our cravings, and obey laws. Therefore, we should not be surprised to discover that it is very difficult to alter behavior. Although health promotion and education may improve attitudes and enhance knowledge, these ingredients are not necessarily predictive of changes in high-risk behaviors.[1,2]

Our public health establishment has issued a mandate that by the Year 2000 we become Healthy People as a result of measurably reducing a whole gamut of hazardous behaviors encompassed in 298 health objectives.[3] However, we have been offered little guidance about how to reach the goals and only limited support for launching the necessary programs and changing the requisite policies. The rhetoric of the current Administration implies that if individuals would just take more responsibility for their own behaviors, the Year 2000 objectives will be achieved.*

Practitioners know better. A proliferation of commissions, task forces, and expert panels are arriving at consensus that to reduce high-risk behaviors, a whole package of interventions have to be in place both at the policy and the program level.[4-6] This issue of the Journal contains examples of successful interventions at each level. Sorensen, et al, demonstrate the effects of implementing a nonsmoking policy; in a large company that banned smoking in all work areas, more than one in five smokers quit during the study period.[7] A program experiment in gay male clubs, described by Kelly, et al, trained opinion leaders to influence their peers to modify sexual practices.[8] The patrons of the experimental clubs reported reductions in high-risk sexual activities and improved condom use compared to control clubs.

We cannot continue to blame the rising prevalence of sexually transmitted diseases, homicides, unintended pregnancies, and crack-addicted babies on the lack of research. It has been well-documented in this Journal and elsewhere that high-risk behaviors are significantly inter-related, especially among youth.[9] According to a recent estimate, one in four young people in this nation "do it all" and are in jeopardy of not growing into responsible adults unless immediate interventions occur.[10] These high-risk youth share common characteristics across behavioral domains: school failure, lack of parental support and guidance, early initiation of deviant behavior, and inability to resist peer influences. Vulnerability is strikingly

*Sullivan L: Speech by Secretary of HHS presented at Harvard University, on the DHHS report *Healthy People 2000: National Health Promotion and Disease Prevention.*

heightened for children and families who live in poverty communities without institutional supports.

We are gaining substantial insights into "what works" to prevent high-risk behaviors and to assist disadvantaged children and their families.[11] A recent analysis of 100 diverse prevention programs that were successful in reducing high-risk behaviors among youth yielded several common strategies:[10]

● *One-on-one individual attention.* The most important intervention for preventing high-risk behaviors is the placement of an adult in a position of responsibility for consistent support and care of one or more children. This can take the form of counseling, mentoring, or case management by trained professionals or non-professionals.

● *Involvement of parents.* Programs that actively involve parents in decision-making or hire them as aides are successful. Home-visiting to disadvantaged families is effective in all kinds of endeavors.

● *Focus on schools.* The acquisition of basic skills is the "bottom line" for all prevention programs. School reform is an essential component for altering high-risk behaviors because no child can hope to "make it" in this society without literacy and numeracy. But schools are also sites for many successful non-educational interventions: health screening and services, mental health and substance abuse counseling, job preparation and placement, family social services, after-school recreation and cultural activities. These ancillary programs are typically operated by outside community agencies that bring services into schools through collaborative arrangements.

● *Community-wide multi-agency approaches.* No single program component by itself has been shown to have long-term effects on behavioral outcomes. Experience has proven that the most effective strategies involve packaging health, educational, and social services in organizational structures that may also include media, businesses, churches, police or parent groups.

Successful prevention programs meet their goals because they are directed toward antecedents of high-risk behaviors rather than on presenting symptoms.[12] Effective interventions take place early in the child's life and either help parents to nurture their children or act as "surrogate parents" in the absence of supportive mothers or fathers. Sensitive program practitioners operate within the context of disadvantaged communities and under-

stand that their programs cannot succeed without enforcement of social policies known to impact on drugs, sex and violence among adults as well as youth, for example:[13]

—Reduce effects of alcohol use by enforcing laws against drunken driving and for seat belt use, reducing speed limits, and increasing taxation.[14]

—Reduce cigarette use by smoking prohibition, marketing restrictions, increasing taxation, and not subsidizing tobacco growers.

—Reduce illegal drug use by expanding treatment and enforcing laws related to drug dealing.

—Reduce sexually transmitted diseases by promoting condom distribution and providing community-based services.[2]

—Reduce unintended childbearing by ensuring access to family planning and abortion services and eliminating legal barriers.

—Reduce violence by restricting access to handguns.

Although these concepts emerge mostly from research on youth, it is evident that adults in high-risk communities also need help with basic skills, health services, job placement, and social competency. The quality of their lives is greatly enhanced by personal attention from caring case managers or counselors. Enforcement of policies to reduce substance abuse and violence and improve sexuality knowledge and practices would vastly improve the potential of millions of adults. And, of course, the cost savings from prevention would add up to billions of dollars.

Responsibility for the necessary program implementation and policy enforcement is spread across many bureaucracies at the local, state, and federal levels. Our understanding of the "new morbidities" stretches the arena for action way beyond the health system, involving collaborative efforts with schools, social services, and all other community institutions. It would be naive to conclude that we can radically change the course of the lives of individuals living in high-risk communities without addressing the issues of poverty, homelessness, and racism. The implementation of large-scale comprehensive prevention programs and more rational social policies can make incremental differences and improve the circumstances for some. That is sufficient reason to initiate immediate action. However, our nation will continue to be high-risk until we are willing to undertake the

massive social and economic reforms that will equalize access to the opportunity structure. □

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